

Case Number:	CM15-0043486		
Date Assigned:	03/13/2015	Date of Injury:	09/26/2006
Decision Date:	04/24/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male who sustained an industrial injury on 09/26/2006. Diagnoses include chronic pain syndrome, other testicular hypofunctions, depressive disorders of sweat glands, dysphagia pharyngoesophageal phase, persistent disorder of initiating or maintaining sleep, and impotence of organic origin, and two failed surgeries at the C4-5, and C5-6. Treatment to date has included medications, and home exercise program. A physician progress note dated 02/09/2015 documents the injured worker has not had any pain medications approved for the last three months. He rates his pain as 7 out of 10 on the pain scale. Cervical spine, bilateral trapezius, lumbar and bilateral lumbar muscle are tender to palpation with spasms. Treatment requested is for Esomeprazole 40 mg #30, and Tizanidine 4 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Esomeprazole 40 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain in his neck, shoulder and lower back. The request is for Esomeprazole 40MG #30. Per 02/26/15 progress report, the patient is currently taking Amitriptyline, Celexa, Gabapentin, Nexium, Zanaflex, Imitrex, Fortesta and Zantac. Per 02/09/15 progress report, the patient is working. MTUS guidelines page 69 recommend prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; etc. In this case, the patient has been utilizing Esomeprazole (Nexium) since at least 08/18/14. There is no documentation regarding this medication's efficacy. The treater does not provide appropriate GI assessment, to determine whether or not the patient would require prophylactic use of PPI. The patient's constipation is documented but there is no documentation of GI problems such as GERD or gastritis to warrant the use of PPI. None of the reports indicate the patient has been on NSAIDs either. The request is not medically necessary.

Tizanidine 4 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in his neck, shoulder and lower back. The request is for Tizanidine 4MG #90. Per 02/26/15 progress report, the patient is currently taking Amitriptyline, Celexa, Gabapentin, Nexium, Zanaflex, Imitrex, Fortesta and Zantac. Per 02/09/15 progress report, the patient is working. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pain. In this case, the patient has been utilizing Tizanidine since at least 08/18/14. The patient does present with low back pain which this medication indicates for. However, there is no discussion as to how this medication has been helpful with pain and function. MTUS page 60 states that when medication is used for chronic pain, recording of pain and function needs to be provided. Therefore, the request of Tizanidine is not medically necessary.